

DOCUMENT ID			
TRANS PV	DEPT	R/ORG	NUMBER
ACTION: (E) (M)	SCH PAY DATE	OFF LIAB ACCT	

SAMPLE

PV DATE 1	ACCTG PRD	BUD FY
VENDOR'S CERTIFICATION: I certify that the goods were shipped or the service rendered as set forth below. 2 (Please Sign in Ink)		



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE COMPTROLLER

PAYMENT VOUCHER INPUT FORM

Department of Industrial Accidents
DEPARTMENT / ORGANIZATION NAME Workers' Compensation Trust Fund
VENDOR NAME AND ADDRESS

DOCUMENT TOTAL: 3	DEPT	VENDOR INVOICE NUMBER	VENDOR CODE: 4	EMP	5
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REFERENCED ORDER	LINE	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
6			See Reverse Side for Instructions	8	9
				TOTAL	TOTAL

REFERENCED ORDER															
LN	TRANS	DEPT	R/ORG	NUMBER	LINE	DEPT	APPROP	SUB	ORG	S/ORG	OBJ	S/OBJ	PROG	TY	PROJ/CL/GRC
	RPTG	FUND	BS ACCT	DEPT	VENDOR INVOICE NUMBER:			DESCRIPTION:							
					DISC	DATES OF SERVICE 10 TO			QUANTITY	AMOUNT:			I/D	P/F	

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS:
I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

PREPARED BY: _____	TITLE: _____	DATE: _____
APPROVED BY: _____	TITLE: _____	DATE: _____
ENTERED BY: _____	TITLE: _____	DATE: _____

INSTRUCTIONS TO VENDOR:
FILL IN SHADED AREAS
DIRECT INQUIRIES TO
STATE ORGANIZATION
RETAIN GREEN COPY